

## **Supplemental Application Data Sheet**

### **Application Information**

Application Number:: 10/593,318  
IA Filing Date:: March 16, 2005

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: NONINVASIVE MEASUREMENTS IN A  
HUMAN BODY  
Attorney Docket Number:: BALBERG3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Michal
Middle Name::	
Family Name::	BALBERG
Name Suffix::	
City of Residence::	Jerusalem
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	19 Nof Harim
City of Mailing Address::	Jerusalem
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	96190
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Revital
Middle Name::	
Family Name::	PERY-SHECHTER
Name Suffix::	
City of Residence::	Rishon-Lezion
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	52 Hatizmoret Street
City of Mailing Address::	Rishon-Lezion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	75582
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name:: Michal  
 Middle Name::  
 Family Name:: OLSHANSKY  
 Name Suffix::  
 City of Residence:: Tel Aviv  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 16 Bavli Street  
 City of Mailing Address:: Tel Aviv  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 62331

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL05/000300	03/16/05

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: OR-NIM Medical Ltd.  
 Street of Mailing Address:: 1 Yodfat Street  
 City of Mailing Address:: Lod  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 71291